PTO/SB/06 (12-04)
Approved for use through 7/31/2006, CMB 0651-0032
U.S. Putent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Subalitude for Form PTO-876 Effective December 8, 2004										Appl	Application or Docket Number		
APPLICATION AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY			OR OTHER THAN SMALL ENTITY		
٠	FOR	M	NBERFLE	0	MUMBER EXTRA			RATE (I)	FEE (S)	7	RATE (5)	FEE (S)	
BASIC FEE (37 CFR L18(4), (4), or (c))		(c)	NA			. N/A		NA	150.00	1	N/A	300.00	
(37	ARCH FEE CFA 1 10/10, fg. or		· NIA		NA.			. N/A	\$250	1	NIA	\$500	
_	AMINATION FEI CFR 1.18(4, 6% o	_	N/A		, I N/A		7	NA	\$100	1	NA	\$200	
ρì	TAL CLAMS CFR L 18(7)		minus	20 =			7	X\$ 25 .		OR	X\$50 .	<del>                                     </del>	
	EPENDENT CL OFF L 15(N))	AINIS	minus 3 ·			٠,	7	X100 .		1	X200 -		
APPLICATION SIZE  FEE'  (37 CFR 1.16(4))  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).													
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(I))								+180=		1	+360=		
*. If the difference in column 1 is less than zero, enter "O" in column 2.								TOTAL	·	]	TOTAL		
APPLICATION AS AMENDED - PART II													
(Column 1) (Column 2) (Column 3)							SMAUL E	YTITN:	OR	OTHER	THAN ENTITY		
AMENDMENT A	3 10 07	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID P	ER JSLY	PRESENT EXTRA	ŀ	RATE (1)	ADDI- TIONAL FEE (\$)		RATE (5)	ADDI- TIONAL FEE (5)	
	Total Or cra uses	20	Minus	20		•		X\$ 25	;	OR	X\$50 .		
	Independent G7 GFR 1,18(h))	18(Day) 4.		· · · · · · · · · · · · · · · · · · ·		*		X100 .		OR	X200		
¥	Application Size Fee (37 CFR 1.18(s))						]		1			7	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160)								+18O=	\_	OR	+360=		
7-26-17								TOTAL ADDL FEE	$\Delta$	OR	TOTAL ADD'L FEE	1	
· ,	1.00	(Cotterny1)	·	(Colum		(Column 3)	•			_	· .		
MENT B	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R	PRESENT EXTRA	И	RATE (6)	ADDI- TIONAL FEE (1)	OR	RATE (1)	ADDI- TIONAL FEE (8)	
	Total cor ora Lieus	:20	Minus	20		• //		X\$ 25 .			X\$50 .	0	
뷞	bidependent profession	• 4	Minus	- 4		9/		X100 .		OR I	X200 .		
ABR	Application Size Fee (37 CFR 1.16(0))										1		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (STOFR 1.160)							+180≈		OR [	+360-	).	
								TOTAL. ADD'L FEE		OR .	TOTAL ADDL FEE	5	
If the entry in column 1 is less than the entry in column 2, write "O' in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in, column 1.  The Collection of Information is required by 97 CFR 1.16. The Information is required to obtain or retain a binefit by the public which is to file (and by the													
ST CC		uagou sa tedrified	by 97 CF	R 1.16. The	Inform	atton is requi	red t	o obtain or retain	in a bangit by	the pub	ic which is to like	(and by the	

USPTO to process) an application, Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to completed including gathering, preparing, and submitting the completed application form to the USPTO. Three will very depending upon the individual case. Any comments on the emount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1460.